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Assessing need for pharmacist involvement to improve care coordination for patients on LAI antipsychotics transitioning from hospital to home: A work system approach



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ABSTRACT

Background: The use of Long-Acting Injectable (LAI) antipsychotic medications has increased for patients with Serious Mental Illness (SMI). Care coordination for this population is complex, and pharmacist involvement may improve and support long-term medication adherence and patient outcomes.

Objectives: (1) Examine pharmacists' role in addressing care coordination and adherence challenges for patients taking Long-Acting Injectable (LAI) antipsychotics; and (2) explore patients' medication use experiences with LAI antipsychotics and educational needs.

Methods: This project utilized a holistic work systems approach to assess the usefulness of implementing a pharmacist-led intervention to improve care coordination for patients taking LAI antipsychotics. Data collection and analyses were guided by the Systems Engineering Initiative for Patient Safety (SEIPS) model. Data were collected using interviews with healthcare team members and patients taking LAI antipsychotics and retrospective chart reviews at a psychiatric hospital in Southwestern Pennsylvania. Data collection elicited information about LAI care coordination, the pharmacist's role, and patients' experiences. Content and thematic analyses were conducted to identify opportunities to improve quality of care and patient outcomes.

Results: Sixteen healthcare team members and six patients were interviewed. Twenty patient charts were reviewed to examine the care coordination process. Four themes of the workflow process emerged: pharmacist consultation, in-hospital LAI administration, discharge planning, and outpatient treatment. Key challenges identified included inadequate communication, limited knowledge, and the need for standardized roles. Most patients did not know the name of their LAI antipsychotic and did not recall receiving medication counseling, but were interested in discussing medication concerns with pharmacists.

Conclusions: There is a need for improved communication during LAI care coordination, targeted education for healthcare team members, and standardization of roles. Many patients did not have adequate LAI antipsychotic knowledge or receive appropriate medication counseling. Increased pharmacist involvement in the care coordination process may promote adherence and optimal management of SMI.

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Abbreviations: SMI, Serious Mental Illness; LAI, Long-Acting Injectable; SEIPS, Systems Engineering Initiative for Patient Safety; EHR, Electronic Health Record.

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1. Introduction

Serious Mental Illness (SMI), such as schizophrenia and bipolar disorder, significantly contributes to the international disease burden, even greater than HIV/AIDS, transportation injuries, tuberculosis, or diabetes.¹ An important aspect of the complex treatment for individuals with SMI is the use of antipsychotic medications. Antipsychotic medications are an effective treatment

modality for preventing relapse and further progression of SMI.² However, medication adherence in patients with SMI is poor and high rates of relapse and morbidity persist. Many individual patient variables, illness characteristics, and environmental factors have been identified as determinants of nonadherence in this patient population. Medication-related factors, including side effects, complex regimens, frequency of administration, and cost present additional barriers to appropriate medication use.³ To simplify medication administration and promote adherence, depot formulations of two Long-Acting Injectable (LAI) antipsychotics were developed in the 1960s.⁴

Consequently, the US Food and Drug Administration approved eight additional LAI antipsychotics. LAI antipsychotics reduce administration from daily (oral formulations) to as infrequently as four times per year. In practice, LAI antipsychotics have become a mainstay of therapy for those with known nonadherence to oral formulations and an important component of recovery for patients with SMI.^{5,6} Although there was anticipation for improved medication adherence with the introduction of LAI antipsychotics with fewer extrapyramidal side effects, numerous studies have found that adherence is relatively unchanged compared to oral formulations.⁷ The increasing use of LAI antipsychotics presents new challenges for healthcare team members involved in the care of patients with SMI.

Effective treatment with LAI antipsychotics requires continuous care coordination, which is multifaceted and complex.⁴ For patients beginning therapy during hospitalization, the continuum of care often begins with the inpatient psychiatrist's decision to initiate a LAI antipsychotic and then extends to the outpatient setting where therapy is to be continued following discharge. High medication costs, patient perceptions of treatment and access to healthcare team members trained to administer injections may lead to discontinuation of LAI antipsychotics across all levels of care.⁷ Nonadherence due to inadequate transitions in care, incomplete outpatient care plans, and lack of adequate patient education may contribute to relapses and re-hospitalizations, thus imposing a significant financial burden on the healthcare system and reducing patient quality of life.^{5,8–14}

For instance, Veterans Affairs Medical Centers have recognized the need to improve care coordination by implementing interdisciplinary transitions-in-care programs involving physicians, nurse practitioners, case managers, pharmacists, and social workers.¹⁵ This program is coordinated for each patient by a nurse case manager and involves numerous interventions, including medication management, transition planning, follow-up care, and communication across providers and organizations.¹⁵ These programs have significantly reduced hospitalizations and emergency department visits, healthcare costs, and improved patient satisfaction with care.¹⁵ The effectiveness of this intervention shows the potential for a similar impact in other healthcare settings in the private sector and benefit for the patients and organization.

The key to optimizing antipsychotic treatment, including LAIs, is to ensure long-term medication continuation.¹⁶ The challenges surrounding care coordination for patients on LAI antipsychotic therapy present pharmacists with an opportunity to assume new roles in patient care.⁶ Pharmacists are well-positioned to assess the appropriateness of LAI therapy, provide patient medication counseling, participate in routine monitoring, and facilitate continuity of care for patients with SMI. Further investigation is needed to understand factors that contribute to patients' long-term adherence to LAI antipsychotic treatment.⁴ The purpose of this project was to examine the current process for providing care to patients initiated on LAI antipsychotics during hospitalization and subsequently transitioned from hospital to home. Using a work systems

approach, this project aimed to better understand the role of pharmacists in the care coordination process to improve the quality of patient care and support long-term adherence to LAI antipsychotics. Accordingly, the objectives of this project were to (1) examine pharmacists' role in addressing care coordination and adherence challenges for patients taking LAI antipsychotics; and (2) explore patients' medication use experiences with LAI antipsychotics and educational needs.

2. Material and methods

2.1. Conceptual model

This project utilized a holistic work systems approach to assess the usefulness of implementing a pharmacist-led intervention to improve care coordination for patients taking LAI antipsychotics.^{17,18} By describing the way a system functions, the work systems approach can detect difficulties and areas of improvement with an understanding of how changes may affect other parts of the system.^{17,18} We applied the SEIPS (Systems Engineering Initiative for Patient Safety) 2.0 work systems model in this project because it has been successful and widely utilized in health services research.¹⁹ The SEIPS model has also been used in community pharmacy-based research.^{18,20} This model is based upon principles of human factors engineering and has five central components of the sociotechnical work system: person(s), organization, tools and technology, tasks, and environment.¹⁷ The SEIPS model has been used to understand the relationships of these work system components and how their interactions impact the process of “work” by members of the system. This includes professional work by healthcare team members, patient work, and collaborative professional-patient work. These work processes result in outcomes at the patient, professional, and organizational levels.¹⁸ Prior research applied the SEIPS model to the work of ICU nurses and care managers coordinating care for patients with chronic conditions and identified study performance obstacles in all five sociotechnical components of the model (person(s), organization, tools and technology, tasks, and environment).¹⁷ Another study utilized the SEIPS model and targeted “patient work” to identify factors that influence patient engagement and self-management of chronic illness.²¹ This study found that patient-specific factors that influenced patients' engagement and chronic illness self-management included the work system components of person(s), tasks, and tools of the SEIPS model.²¹ For the purposes of this project, the SEIPS model was used to understand both individual and collaborative “work” processes of pharmacists and patients involved in LAI care coordination. Since patients with SMI are a central part of the care process and disease self-management, it is necessary to understand their perspectives and work within the system, on both individual and collaborative levels.

2.2. Setting

The project site was an urban, psychiatric hospital located in Southwestern Pennsylvania. This hospital is part of an extensive network of inpatient and outpatient psychiatric services, which provides care to more than 25,000 patients each year. Pharmacists are members of the interprofessional care team in both the inpatient and outpatient setting. Outpatient services were located within walking distance of the hospital, and included an off-site outpatient pharmacy, as well as numerous ambulatory psychiatric clinics and programs. These outpatient services were utilized by approximately 50% of patients discharged from the psychiatric hospital. The comprehensive inpatient and outpatient services supported the assessment of LAI care coordination across these

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